



BURNS - ADULT (15 years of age and older)

Burn patient requires effective communication and rapid transportation to the closest receiving hospital.

In Inyo and Mono Counties, the assigned base hospital should be contacted for determination of appropriate destination.

I. FIELD ASSESSMENT/TREATMENT INDICATORS

Refer to ICEMA Reference #8130 - Destination Policy.

II. BLS INTERVENTIONS

- Break contact with causative agent (stop the burning process).
- Remove clothing and jewelry quickly, if indicated.
- Keep patient warm.
- Estimate % TBSA burned and depth using the “Rule of Nines”.
 - An individual’s palm represents 1% of TBSA and can be used to estimate scattered, irregular burns.
- Transport to ALS intercept or to the closest receiving hospital.

A. Manage Special Considerations

- **Thermal Burns:** Stop the burning process. Do not break blisters. Cover the affected body surface with dry, sterile dressing or sheet.
- **Chemical Burns:** Brush off dry powder, if present. Remove any contaminated or wet clothing. Irrigate with copious amounts of saline or water.
- **Tar Burns:** Cool with water, do not remove tar.
- **Electrical Burns:** Remove from electrical source (without endangering self) with a nonconductive material. Cover the affected body surface with dry, sterile dressing or sheet.

- **Eye Involvement:** Continuous flushing with NS during transport. Allow patient to remove contact lenses if possible.
- **Determination of Death on Scene:** Refer to ICEMA Reference #12010 - Determination of Death On Scene.

III. LIMITED ALS (LALS) INTERVENTIONS

- Advanced airway as indicated.
- King Airway contraindicated in airway burns.
- Airway Stabilization:

Burn patients with respiratory compromise or potential for such, will be transported to the closest most appropriate receiving hospital for airway stabilization.

- IV access (warm IV fluids when available).
 - *Unstable:* BP less than 90 mm HG and/or signs of inadequate tissue perfusion, start 2nd IV access.

IV NS 250 ml boluses, may repeat to a maximum of 1000 ml.
 - *Stable:* BP more than 90 mm HG and/or signs of adequate tissue perfusion.

IV NS 500 ml /hour.
- Transport to appropriate facility.
 - *Minor Burn Classification:* Transport to the closest most appropriate receiving hospital.
 - *Moderate Burn Classification:* Transport to the closest most appropriate receiving hospital.
 - *Major Burn Classification:* Transport to the closest most appropriate Burn Center (San Bernardino County contact ARMC).
 - *Critical Trauma Patient (CTP) with Associated Burns:* Transport to the most appropriate Trauma Center.
- Burn patients with associated trauma, should be transported to the closest Trauma Center. Trauma base hospital contacted shall be made.

A. Manage Special Considerations

- **Electrical Burns:** Place AED on patient.
 - Electrical injuries that result in cardiac arrest shall be treated as medical arrests.
- **Respiratory Distress:** Use BVM as needed and transport to the nearest facility for airway control. Contact receiving hospital ASAP. Albuterol per ICEMA Reference #7040 - Medication - Standard Orders.
- **Deteriorating Vital Signs:** Transport to the closest most appropriate receiving hospital. Contact base hospital.
- **Pulseness and Apneic:** Transport to the closest most appropriate receiving hospital and treat according to ICEMA policies. Contact base hospital.
- **Determination of Death on Scene:** Refer to ICEMA Reference #12010 - Determination of Death on Scene.
- **Precautions and Comments:**
 - High flow oxygen is essential with known or potential respiratory injury. Beware of possible smoke inhalation.
 - Contact with appropriate advisory agency may be necessary for hazardous materials, before decontamination or patient contact.
 - Do not apply ice or ice water directly to skin surfaces, as additional injury will result.

IV. ALS INTERVENTIONS

- Advanced airway (as indicated).
- Airway Stabilization:

Burn patients with respiratory compromise or potential for such, will be transported to the closest most appropriate receiving hospital for airway stabilization.
- Monitor ECG.

- IV/IO Access (Warm IV fluids when available).
 - *Unstable:* BP less than 90 mm HG and/or signs of inadequate tissue perfusion, start 2nd IV access.

IV/IO NS 250 ml boluses, may repeat to a maximum of 1000 ml.
 - *Stable:* BP more than 90 mm HG and/or signs of adequate tissue perfusion.

IV/IO NS 500 ml /hour.
 - Treat pain as indicated.
- Pain Relief:** Administer an appropriate analgesic per ICEMA Reference #11140 - Pain Management - Adult. Document vital signs and pain scales every five (5) minutes until arrival at destination.
- Transport to appropriate facility:
 - *CTP with associated burns,* transport to the closest Trauma Center.
 - Burn patients with associated trauma, should be transported to the closest Trauma Center. Trauma base hospital contacted shall be made.
- Insert nasogastric/orogastric tube as indicated.
- Refer to Section V - Burn Classifications below.

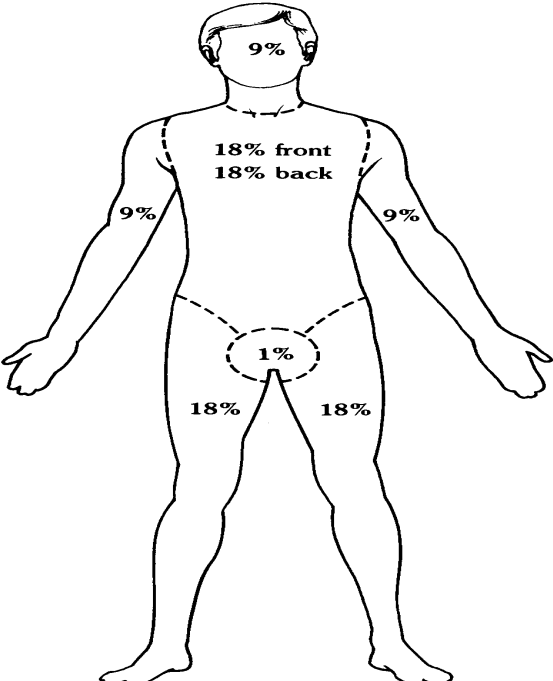
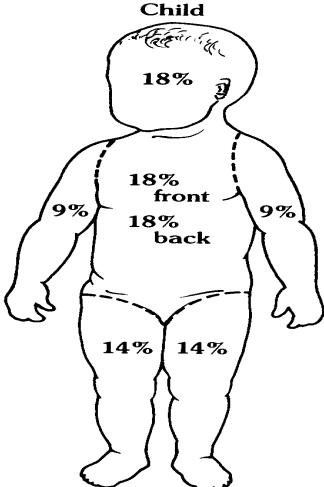
A. Manage Special Considerations

- **Electrical Burns:** Monitor for dysrhythmias, treat according to ICEMA protocols.
 - Electrical injuries that result in cardiac arrest shall be treated as medical arrests.
- **Respiratory Distress:** Intubate patient if facial/oral swelling are present or if respiratory depression or distress develops due to inhalation injury.
 - Albuterol with Atrovent per ICEMA Reference #7040 - Medication - Standard Orders.
 - Administer humidified oxygen, if available.
 - Apply capnography.

- Awake and breathing patients with potential for facial/inhalation burns are not candidates for nasal tracheal intubation. CPAP may be considered, if indicated, after consultation with base hospital.
- **Deteriorating Vital Signs:** Transport to the closest receiving hospital. Contact base hospital.
- **Pulseness and Apneic:** Transport to the closest receiving hospital and treat according to ICEMA policies. Contact base hospital.
- **Determination of Death on Scene:** Refer to ICEMA Reference #12010 - Determination of Death on Scene.
- **Precautions and Comments:**
 - Contact with appropriate advisory agency may be necessary for hazardous materials, before decontamination or patient contact.
 - Do not apply ice or ice water directly to skin surfaces, as additional injury will result.
- **Base Hospital Orders:** May order additional medications, fluid boluses and CPAP.

V. BURN CLASSIFICATIONS

ADULT BURN CLASSIFICATION CHART	DESTINATION	
MINOR - ADULT <ul style="list-style-type: none"> • Less than 10% TBSA • Less than 2% Full Thickness 	CLOSEST MOST APPROPRIATE RECEIVING HOSPITAL	
MODERATE - ADULT <ul style="list-style-type: none"> • 10 - 20% TBSA • 2 - 5% Full Thickness • High Voltage Injury • Suspected Inhalation Injury • Circumferential Burn • Medical problem predisposing to infection (e.g., diabetes mellitus, sickle cell disease) 	CLOSEST MOST APPROPRIATE RECEIVING HOSPITAL	

<p><u>MAJOR - ADULT</u></p> <ul style="list-style-type: none"> • More than 20% TBSA burn in adults • More than 5% Full Thickness • High Voltage Burn • Known Inhalation Injury • Any significant burn to face, eyes, ears, genitalia, or joints 	<p><u>CLOSEST MOST APPROPRIATE BURN CENTER</u></p> <p>In San Bernardino County, contact: Arrowhead Regional Medical Center (ARMC)</p>	
<p><u>"Rule of Nines"</u></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>Adult</p>  </div> <div style="text-align: center;"> <p>Child</p>  </div> </div>		

VI. REFERENCES

<u>Number</u>	<u>Name</u>
7040	Medication - Standard Orders
9010	General Patient Care Guidelines
10190	Procedure - Standard Orders
11070	Adult Cardiac Arrest
11140	Pain Management - Adult
12010	Determination of Death on Scene
15030	Trauma Triage Criteria and Destination Policy